

1. Ensure the name of the person supported is on all pages of the form.
2. If you would like EAFWR to pay a service provider directly, and have set up a third-party billing agreement with your coordinator to do so, please include their name and the total amount in Line C on the first page.

Who Do We Pay?		Name	Amount
A	Total Reimbursement to <b>Family</b> :		\$
B	Total Reimbursement to <b>Person Supported</b> :		\$
C	Total Reimbursement to <b>Service Provider (ex. private respite worker, camp, housecleaner, program provider)</b> :		\$

3. For any purchases, a receipt must be included.  
This receipt must show the
  - Name of the store or website where the purchase was made
  - The date of the purchase or order
  - The total amount of the purchase or order
  - A description of what was purchased or ordered

**EAFWR is unable to reimburse any expenses that do not have a receipt and missing receipts may result in a delay in payment for some or all expenses**

4. Expense related to new guidelines can go under the Program Specific box for your funding program, found on page 4 of the [Funding Transfer Reimbursement Form](#)

#### SAMPLE COMPLETED NEW GUIDELINES SECTION OF FORM

##### SSAH or ENHANCED RESPITE/MFTD FUNDING USE ONLY, LIGHT HOUSEKEEPING/YARD WORK

Type of Service	Dates of Service	Cost	Service Provider	
			Print Name	Signature or receipt ✓
What you purchased	The date of purchase	The total cost (including taxes and shipping if applicable)	The store or website where the purchase was made	Yes
EXAMPLE Books	EXAMPLE July 1 <sup>st</sup>	EXAMPLE \$15.67	EXAMPLE Indigo	EXAMPLE Yes

5. Complete forms and receipts can be emailed to [invoices@eafwr.on.ca](mailto:invoices@eafwr.on.ca) according to the [Reimbursement Schedule](#)

If you have any questions, or would like support to complete the form, you can contact your coordinator at any time.